

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10550632	FILING DATE					
CLAIMS								AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	AS FILED IND.	AS FILED DEP.	AFTER 1 ST AMENDMENT IND.	AFTER 1 ST AMENDMENT DEP.	AFTER 2 ND AMENDMENT IND.	AFTER 2 ND AMENDMENT DEP.		AS FILED IND.	AS FILED DEP.	AFTER 1 ST AMENDMENT IND.	AFTER 1 ST AMENDMENT DEP.	AFTER 2 ND AMENDMENT IND.	AFTER 2 ND AMENDMENT DEP.	
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TOTAL DEP.	9							TOTAL DEP.						
TOTAL CLAIMS	10							TOTAL CLAIMS						